## Case 1:12-bk-16591 Doc 6

(Check the boxes as directed in Lines 17 and 23 of this statement.)

B22C (Official Form 22C) (Chapter 13) (12/10)

In re Donna Cher Allmon		According to the calculations required by this statement:		
	Debtor(s)	■ The applicable commitment period is 3 years.		
Case N		☐ The applicable commitment period is 5 years.		
	(If known)	☐ Disposable income is determined under § 1325(b)(3).		
		■ Disposable income is not determined under § 1325(b)(3).		

## CHAPTER 13 STATEMENT OF CURRENT MONTHLY INCOME AND CALCULATION OF COMMITMENT PERIOD AND DISPOSABLE INCOME

In addition to Schedules I and J, this statement must be completed by every individual chapter 13 debtor, whether or not filing jointly. Joint debtors may complete one statement only.

Part I. REPORT OF INCOME									
	Marital/filing status. Check the box that applies and complete the balance of this part of this statement as directed.								
1	a. Unmarried. Complete only Column A ("Debtor's Income") for Lines 2-10.								
	b. $\square$ Married. Complete both Column A ("Debto	r's l	Income'') and Col	um	n B ("Spouse's Incom	ne'')	for Lines 2-10.		
	All figures must reflect average monthly income re					Column A			Column B
	calendar months prior to filing the bankruptcy case					Debtor's			Spouse's
	the filing. If the amount of monthly income varied during the six months, you must divide the six-month total by six, and enter the result on the appropriate line.								Income
2	Gross wages, salary, tips, bonuses, overtime, con		•			\$	2,860.00	\$	
	Income from the operation of a business, profess			t I i	ne h from I ine a and	Ψ	_,000.00	Ψ	
	enter the difference in the appropriate column(s) of								
		regate numbers and provide details on an attachment. Do not enter a							
3	number less than zero. Do not include any part o a deduction in Part IV.	f the	e business expense	s e	ntered on Line b as				
3	a deduction in rait iv.		Debtor		Spouse				
	a. Gross receipts	\$	0.00	\$	Spouse				
	b. Ordinary and necessary business expenses	\$	0.00						
	c. Business income	Su	btract Line b from	Lin	e a	\$	0.00	\$	
	<b>Rents and other real property income.</b> Subtract Line b from Line a and enter the difference in								
	the appropriate column(s) of Line 4. Do not enter a number less than zero. <b>Do not include any</b> part of the operating expenses entered on Line b as a deduction in Part IV.								
4	part of the operating expenses entered on Line b	asa	Debtor	T	Spouse				
	a. Gross receipts	\$	0.00	\$	Spouse				
	b. Ordinary and necessary operating expenses	\$	0.00						
	c. Rent and other real property income	Sı	btract Line b from	Li	ne a	\$	0.00	\$	
5	Interest, dividends, and royalties.					\$	0.00	\$	
6	Pension and retirement income.						0.00	\$	
	Any amounts paid by another person or entity, on a regular basis, for the household								
7	expenses of the debtor or the debtor's dependents, including child support paid for that								
,	<b>purpose.</b> Do not include alimony or separate maintenance payments or amounts paid by the debtor's spouse. Each regular payment should be reported in only one column; if a payment is								
	listed in Column A, do not report that payment in Column B.						0.00	\$	
	<b>Unemployment compensation.</b> Enter the amount in the appropriate column(s) of Line 8.								
	However, if you contend that unemployment compensation received by you or your spouse was a								
benefit under the Social Security Act, do not list the amount of such compensation in or B, but instead state the amount in the space below:				sauon in Column A					
	Unemployment compensation claimed to								
	be a benefit under the Social Security Act Debto.	r \$	<b>0.00</b> Spe	ous	e \$	\$	0.00	\$	
	· · · · · · · · · · · · · · · · · · ·		<u> </u>						

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9	on a separate page. Total and enter on Line 9. maintenance payments paid by your spouse, separate maintenance. Do not include any be	me from all other sources. Specify source and amount. If necessary, list additional sources separate page. Total and enter on Line 9. <b>Do not include alimony or separate</b> tenance payments paid by your spouse, but include all other payments of alimony or rate maintenance. Do not include any benefits received under the Social Security Act or lents received as a victim of a war crime, crime against humanity, or as a victim of national or domestic terrorism.						
	Child Company	Debto		Spouse				
	a. Child Support b.	\$	400.00	\$		\$ 400.0	00   \$	
10	Subtotal. Add Lines 2 thru 9 in Column A, and in Column B. Enter the total(s).	d, if Column B	is complet	ed, add Lines 2 th	rough 9	\$ 3,260.0		
11	<b>Total.</b> If Column B has been completed, add L the total. If Column B has not been completed					\$		3,260.00
	Part II. CALCULATI	ON OF § 13	325(b)(4	) COMMITM	IENT P	PERIOD		
12	Enter the amount from Line 11						\$	3,260.00
13	Marital Adjustment. If you are married, but a calculation of the commitment period under § enter on Line 13 the amount of the income liste the household expenses of you or your dependence (such as payment of the spouse's tax liadebtor's dependents) and the amount of income on a separate page. If the conditions for entering	1325(b)(4) does ed in Line 10, Cents and specify ability or the specify de devoted to each	s not requice to not required to the column B to the line ouse's supported to the column and the column are to the colum	re inclusion of the hat was NOT paid es below, the bas port of persons oth If necessary, list	e income of on a register is for exchange than to	of your spouse, gular basis for luding this he debtor or the		
	a. b. c.		\$					
	Total and enter on Line 13						\$	0.00
14	Subtract Line 13 from Line 12 and enter the		\$	3,260.00				
15	<b>Annualized current monthly income for § 1325(b)(4).</b> Multiply the amount from Line 14 by the number 12 an enter the result.							39,120.00
16	Applicable median family income. Enter the median family income for applicable state and household size. (Thi information is available by family size at <a href="https://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.)							
	a. Enter debtor's state of residence:	<b>TN</b> b	. Enter del	otor's household s	ize:	3	\$	53,963.00
17	Application of § 1325(b)(4). Check the applicable box and proceed as directed.  The amount on Line 15 is less than the amount on Line 16. Check the box for "The applicable commitment period is 3 years" at the top of page 1 of this statement and continue with this statement.  The amount on Line 15 is not less than the amount on Line 16. Check the box for "The applicable commitment period is 5 years" at the top of page 1 of this statement and continue with this statement.							
	Part III. APPLICATION OF	§ 1325(b)(3) F	OR DETI	ERMINING DIS	POSABI	LE INCOME		
18	Enter the amount from Line 11.						\$	3,260.00
19								
	a. b.		\$					
	c.		\$					
	Total and enter on Line 19.						\$	0.00
20	Current monthly income for § 1325(b)(3). Su	ıbtract Line 19	from Line	18 and enter the 1	esult.		\$	3.260.00

21	<b>Annualized current monthly income for § 1325(b)(3).</b> Multiply the amount from Line 20 by the number 12 and enter the result.						\$	39,120.00
22	Applicable median family income. Enter the amount from Line 16.					\$	53,963.00	
23	Application of § 1325(b)(3). Check the applicable box and proceed as directed.  ☐ The amount on Line 21 is more than the amount on Line 22. Check the box for "Disposable income is determ 1325(b)(3)" at the top of page 1 of this statement and complete the remaining parts of this statement.  ☐ The amount on Line 21 is not more than the amount on Line 22. Check the box for "Disposable income is not 1325(b)(3)" at the top of page 1 of this statement and complete Part VII of this statement. Do not complete Part						t deterr	mined under §
	132				DEDUCTIONS FR			,, 02 120
					ds of the Internal Reve			
24A	National Standards: food, apparel and services, housekeeping supplies, personal care, and miscellaneous.  Enter in Line 24A the "Total" amount from IRS National Standards for Allowable Living Expenses for the						\$	
24B	National Standards: health care. Enter in Line a1 below the amount from IRS National Standards for Out-of-Pocket Health Care for persons under 65 years of age, and in Line a2 the IRS National Standards for Out-of-Pocket Health Care for persons 65 years of age or older. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) Enter in Line b1 the applicable number of persons who are under 65 years of age, and enter in Line b2 the applicable number of persons who are 65 years of age or older. (The applicable number of persons in each age category is the number in that category that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support.) Multiply Line a1 by Line b1 to obtain a total amount for persons under 65, and enter the result in Line c1. Multiply Line a2 by Line b2 to obtain a total amount for persons 65 and older, and enter the result in Line c2. Add Lines c1 and c2 to obtain a total health care amount, and enter the result in Line 24B.							
	Persons under 65 years of age			Persons 65 years of age or older				
	a1.	Allowance per person		a2.	Allowance per person			
	b1.	Number of persons		b2.	Number of persons			
	c1.	Subtotal		c2.	Subtotal		\$	
25A	Local Standards: housing and utilities; non-mortgage expenses. Enter the amount of the IRS Housing and Utilities Standards; non-mortgage expenses for the applicable county and family size. (This information is available at <a href="www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court). The applicable family size consists of the number that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support.						\$	
25B	Local Standards: housing and utilities; mortgage/rent expense. Enter, in Line a below, the amount of the IRS Housing and Utilities Standards; mortgage/rent expense for your county and family size (this information is available at <a href="https://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court) (the applicable family size consists of the number that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support); enter on Line b the total of the Average Monthly Payments for any debts secured by your home, as stated in Line 47; subtract Line b from Line a and enter the result in Line 25B. Do not enter an amount less than zero.							
	<ul> <li>a. IRS Housing and Utilities Standards; mortgage/rent exp</li> <li>b. Average Monthly Payment for any debts secured by you home, if any, as stated in Line 47</li> </ul>			r \$	\$			
	-	Net mortgage/rental expen			Subtract Line b fr		\$	
	Local Standards: housing and utilities; adjustment. If you contend that the process set out in Lines 25A and 25B does not accurately compute the allowance to which you are entitled under the IRS Housing and Utilities Standards, enter any additional amount to which you contend you are entitled, and state the basis for your contention in the space below:					1		
26	25B do Standa	es not accurately compute rds, enter any additional an	the allowance to which	you a	re entitled under the IRS H	Iousing and Utilities		

27A	<b>Local Standards: transportation; vehicle operation/public transpo</b> expense allowance in this category regardless of whether you pay the regardless of whether you use public transportation.  Check the number of vehicles for which you pay the operating expensincluded as a contribution to your household expenses in Line 7.   0					
	If you checked 0, enter on Line 27A the "Public Transportation" amount from IRS Local Standards:  Transportation. If you checked 1 or 2 or more, enter on Line 27A the "Operating Costs" amount from IRS Local Standards: Transportation for the applicable number of vehicles in the applicable Metropolitan Statistical Area or Census Region. (These amounts are available at <a href="www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.)					
27B	Local Standards: transportation; additional public transportation for a vehicle and also use public transportation, and you contend that your public transportation expenses, enter on Line 27B the "Public Tr Standards: Transportation. (This amount is available at <a href="www.usdoj.go.court.">www.usdoj.go.court.</a> )	you are entitled to an additional deduction for ransportation" amount from the IRS Local	\$			
28	Local Standards: transportation ownership/lease expense; Vehicle 1. Check the number of vehicles for which you claim an ownership/lease expense. (You may not claim an ownership/lease expense for more than two vehicles.)   1					
	<ul><li>a. IRS Transportation Standards, Ownership Costs</li><li>Average Monthly Payment for any debts secured by Vehicle</li></ul>	\$				
	b. 1, as stated in Line 47 c. Net ownership/lease expense for Vehicle 1	\$ Subtract Line b from Line a.	\$			
29	Local Standards: transportation ownership/lease expense; Vehicle 2. Complete this Line only if you checked the "2 or more" Box in Line 28.  Enter, in Line a below, the "Ownership Costs" for "One Car" from the IRS Local Standards: Transportation (available at <a href="https://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court); enter in Line b the total of the Average Monthly Payments for any debts secured by Vehicle 2, as stated in Line 47; subtract Line b from Line a and enter the result in Line 29. Do not enter an amount less than zero.  [a. IRS Transportation Standards, Ownership Costs]					
	Average Monthly Payment for any debts secured by Vehicle b. 2, as stated in Line 47	\$				
	c. Net ownership/lease expense for Vehicle 2	Subtract Line b from Line a.	\$			
30	Other Necessary Expenses: taxes. Enter the total average monthly estate, and local taxes, other than real estate and sales taxes, such as increase security taxes, and Medicare taxes. Do not include real estate or sales	come taxes, self employment taxes, social	\$			
31	Other Necessary Expenses: involuntary deductions for employment deductions that are required for your employment, such as mandatory uniform costs. Do not include discretionary amounts, such as voluntary deductions.	\$				
32	Other Necessary Expenses: life insurance. Enter total average mon life insurance for yourself. Do not include premiums for insurance any other form of insurance.	\$				
33	Other Necessary Expenses: court-ordered payments. Enter the total pay pursuant to the order of a court or administrative agency, such as include payments on past due obligations included in line 49.	\$				
34	Other Necessary Expenses: education for employment or for a phythe total average monthly amount that you actually expend for educate education that is required for a physically or mentally challenged depoproviding similar services is available.	\$				
35	Other Necessary Expenses: childcare. Enter the total average mont childcare - such as baby-sitting, day care, nursery and preschool. <b>Do</b>		\$			
36	Other Necessary Expenses: health care. Enter the total average mo health care that is required for the health and welfare of yourself or yoursurance or paid by a health savings account, and that is in excess of include payments for health insurance or health savings accounts.	•				

37	Other Necessary Expenses: telecommunication services. Enter the total average monthly amount that you actually pay for telecommunication services other than your basic home telephone and cell phone service - such as pagers, call waiting, caller id, special long distance, or internet service-to the extent necessary for your health and welfare or that of your dependents. Do not include any amount previously deducted.	\$				
38	<b>Total Expenses Allowed under IRS Standards.</b> Enter the total of Lines 24 through 37.	\$				
	Subpart B: Additional Living Expense Deductions					
	Note: Do not include any expenses that you have listed in Lines 24-37					
	Health Insurance, Disability Insurance, and Health Savings Account Expenses. List the monthly expenses in the categories set out in lines a-c below that are reasonably necessary for yourself, your spouse, or your dependents.					
39	a. Health Insurance \$					
	b. Disability Insurance \$					
	c. Health Savings Account \$					
	Total and enter on Line 39	\$				
	If you do not actually expend this total amount, state your actual total average monthly expenditures in the space below:  \$					
40	Continued contributions to the care of household or family members. Enter the total average actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses. Do not include payments listed in Line 34.					
41	<b>Protection against family violence.</b> Enter the total average reasonably necessary monthly expenses that you actually incur to maintain the safety of your family under the Family Violence Prevention and Services Act or other applicable federal law. The nature of these expenses is required to be kept confidential by the court.	\$				
42	Home energy costs. Enter the total average monthly amount, in excess of the allowance specified by IRS Local Standards for Housing and Utilities that you actually expend for home energy costs. You must provide your case trustee with documentation of your actual expenses, and you must demonstrate that the additional amount claimed is reasonable and necessary.					
43	Education expenses for dependent children under 18. Enter the total average monthly expenses that you actually incur, not to exceed \$147.92 per child, for attendance at a private or public elementary or secondary school by your dependent children less than 18 years of age. You must provide your case trustee with documentation of your actual expenses, and you must explain why the amount claimed is reasonable and necessary and not already accounted for in the IRS Standards.					
44	Additional food and clothing expense. Enter the total average monthly amount by which your food and clothing expenses exceed the combined allowances for food and clothing (apparel and services) in the IRS National Standards, not to exceed 5% of those combined allowances. (This information is available at <a href="www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.) You must demonstrate that the additional amount claimed is reasonable and necessary.	\$				
45	Charitable contributions. Enter the amount reasonably necessary for you to expend each month on charitable contributions in the form of cash or financial instruments to a charitable organization as defined in 26 U.S.C. § 170(c)(1)-(2). Do not include any amount in excess of 15% of your gross monthly income.					
46	Total Additional Expense Deductions under § 707(b). Enter the total of Lines 39 through 45.	\$				
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B22C (Official Form 22C) (Chapter 13) (12/10)

## **Subpart C: Deductions for Debt Payment** Future payments on secured claims. For each of your debts that is secured by an interest in property that you own, list the name of creditor, identify the property securing the debt, state the Average Monthly Payment, and check whether the payment includes taxes or insurance. The Average Monthly Payment is the total of all amounts 47 scheduled as contractually due to each Secured Creditor in the 60 months following the filing of the bankruptcy case, divided by 60. If necessary, list additional entries on a separate page. Enter the total of the Average Monthly Payments on Line 47. Name of Creditor Property Securing the Debt Average Does payment Monthly include taxes Payment or insurance □yes □no Total: Add Lines \$ Other payments on secured claims. If any of debts listed in Line 47 are secured by your primary residence, a motor vehicle, or other property necessary for your support or the support of your dependents, you may include in your deduction 1/60th of any amount (the "cure amount") that you must pay the creditor in addition to the 48 payments listed in Line 47, in order to maintain possession of the property. The cure amount would include any sums in default that must be paid in order to avoid repossession or foreclosure. List and total any such amounts in the following chart. If necessary, list additional entries on a separate page. Name of Creditor Property Securing the Debt 1/60th of the Cure Amount a. Total: Add Lines Payments on prepetition priority claims. Enter the total amount, divided by 60, of all priority claims, such as 49 priority tax, child support and alimony claims, for which you were liable at the time of your bankruptcy filing. **Do** not include current obligations, such as those set out in Line 33. Chapter 13 administrative expenses. Multiply the amount in Line a by the amount in Line b, and enter the resulting administrative expense. Projected average monthly Chapter 13 plan payment. 50 Current multiplier for your district as determined under schedules issued by the Executive Office for United States Trustees. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) Average monthly administrative expense of chapter 13 case Total: Multiply Lines a and b \$ Total Deductions for Debt Payment. Enter the total of Lines 47 through 50. 51 \$ **Subpart D: Total Deductions from Income** 52 Total of all deductions from income. Enter the total of Lines 38, 46, and 51. Part V. DETERMINATION OF DISPOSABLE INCOME UNDER § 1325(b)(2) 53 Total current monthly income. Enter the amount from Line 20. Support income. Enter the monthly average of any child support payments, foster care payments, or disability 54 payments for a dependent child, reported in Part I, that you received in accordance with applicable nonbankruptcy law, to the extent reasonably necessary to be expended for such child. Qualified retirement deductions. Enter the monthly total of (a) all amounts withheld by your employer from 55 wages as contributions for qualified retirement plans, as specified in § 541(b)(7) and (b) all required repayments of loans from retirement plans, as specified in § 362(b)(19). Total of all deductions allowed under § 707(b)(2). Enter the amount from Line 52. 56

57	Deduction for special circumstances. If there are special c there is no reasonable alternative, describe the special circum. If necessary, list additional entries on a separate page. Total provide your case trustee with documentation of these ex of the special circumstances that make such expense nece.  Nature of special circumstances  a.  b.  c.	mstances and the resulting expenses in lines a-c below. the expenses and enter the total in Line 57. You must expenses and you must provide a detailed explanation essary and reasonable.  Amount of Expense  \$ \$ \$ \$ \$				
58	Total adjustments to determine disposable income. Add t result.	Total: Add Lines \$ the amounts on Lines 54, 55, 56, and 57 and enter the \$				
59	Monthly Disposable Income Under § 1325(b)(2). Subtrac	et Line 58 from Line 53 and enter the result.				
	Part VI. ADDITIO	NAL EXPENSE CLAIMS				
Other Expenses. List and describe any monthly expenses, not otherwise stated in this form, that are required for the health and welfare of you and your family and that you contend should be an additional deduction from your current monthly income under § 707(b)(2)(A)(ii)(I). If necessary, list additional sources on a separate page. All figures should reflect your average monthly expense for each item. Total the expenses.						
60	Expense Description	Monthly Amount				
	a.	\$				
	b.	\$ \$				
	c.     d.	\$				
		ines a, b, c and d \$				
	Part VII.	VERIFICATION				
61	I declare under penalty of perjury that the information provide must sign.)  Date: December 31, 2012	ded in this statement is true and correct. (If this is a joint case, both debtors  Signature: /s/ Donna Cher Allmon  Donna Cher Allmon				
		(Debtor)				